

Opening Statement of Honorable Michael C. Burgess, M.D.
Subcommittee on Health
Hearing on “Patient Relief from Collapsing Health Markets”
February 2, 2017

(As prepared for delivery)

We are here to help all Americans—insured, uninsured, and functionally uninsured—to get access to quality, affordable health care. Our health care system is plagued with problems that impose the highest burden on individuals—consumers have fewer choices and burdensome mandates, costs continue to spike, and as many as 30 million Americans remain uninsured.

Leading up to the 2016 elections, we promised voters that we would get health care back on track. We laid out a step-by-step plan to prioritize access to quality affordable health care, not just insurance. The new Administration has taken steps to reduce regulatory burden, and this hearing marks another step in our journey to stabilize and rebuild our health care system.

While we do not agree on everything, members of this subcommittee have a strong track-record of advancing bipartisan legislation. I am confident that we can continue to advance bills through an open and inclusive process to protect and empower patients.

In today’s hearing, we will consider policies to bolster our collapsing health markets and reassure Americans that help is on the way. To start, we all agree that individuals should have the comfort of knowing they will not be denied a plan from a health insurer based on their health status. Chairman Walden has offered a bill that will maintain safeguards for patients with pre-existing conditions following repeal of the ACA.

In addition, Representative Brooks is working on a bill that will go beyond protections for pre-existing conditions by creating incentives for continuous coverage.

Currently, individuals moving from one job to another are protected from rate increases by existing law. Extending these protections to the individual market is a simple but important reform that will encourage Americans to enroll in coverage and stay enrolled. Rather than forcing people to buy insurance that fails to meet their needs, this policy will reward people for making responsible decisions.

Young, healthy adults have faced the highest rate hikes in premiums, to account for the higher costs of covering older, less healthy individuals. Today we will discuss legislation authored by Representative Bucshon to modify age rating restrictions and bring younger healthier individuals into the insurance market.

Regulations have allowed individuals to keep coverage for three full months without paying premiums. Dozens of statutory and regulatory instances allow individuals to enroll in a plan through a special enrollment period.

To stabilize the market, Representative Flores and Representative Blackburn have authored legislation intended to end gaming of health insurance rules.

I look forward to hearing from our witnesses on the merits of setting the grace period to 30 days for non-payment of premiums, and requiring verification of eligibility for special enrollment periods. I think it is important to note that all of these bills would allow states the flexibility to modify these requirements. After all, states understand what their residents want and need better than Washington.

Good policy that will stand the test of time requires hard work, compromise, and the scrutiny of the American people. As we learned during the ACA, policy hastily crafted by government bureaucrats behind closed doors results in devastating consequences.

While we are committed to large-scale reform, real people are struggling as we speak and we are not waiting to take action. These bills are an important example of the work we are doing right now to advance member-driven solutions that will improve health care for all Americans. I am hopeful that we can work together to reform our health care system for the benefit of the American people.

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